



533 Rec'd PTO 15 JUL 2002 Pct

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Project Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/088,935	
	<b>Filing Date</b>	March 21, 2002	
	<b>First Named Inventor</b>	Mark Oliynyk	
	<b>Group Art Unit</b>	(To Be Assigned)	
	<b>Examiner Name</b>	(To Be Assigned)	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	BRI-00065

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  <b>Copy of Response to Notification of Missing Requirements Under 35 U.S.C. 371 in the DO/EO/US Signed Declaration &amp; Power of Attorney Return Receipt Postcard</b>
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm or Individual name</b>	John A. Miller - Reg. No. 34985 Warn, Burgess & Hoffmann, P.C.
<b>Signature</b>	
<b>Date</b>	July 8, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: July 8, 2002			
<b>Typed or printed name</b>	John A. Miller - Reg. No. 34985		
<b>Signature</b>		<b>Date</b>	July 8, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<b>FEE TRANSMITTAL</b> <b>for FY 2002</b> <i>Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>													
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> <b>PTO</b>  <b>JUL 15 2002</b>  <b>PTENT &amp; TRADEMARK OFFICE</b> </div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/088,935</td> </tr> <tr> <td>Filing Date</td> <td>March 21, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Mark Olijnyk</td> </tr> <tr> <td>Examiner Name</td> <td>(To Be Assigned)</td> </tr> <tr> <td>Group / Art Unit</td> <td>(To Be Assigned)</td> </tr> <tr> <td>Attorney Docket No.</td> <td>BRI-00065</td> </tr> </table>		Application Number	10/088,935	Filing Date	March 21, 2002	First Named Inventor	Mark Olijnyk	Examiner Name	(To Be Assigned)	Group / Art Unit	(To Be Assigned)	Attorney Docket No.	BRI-00065
Application Number	10/088,935														
Filing Date	March 21, 2002														
First Named Inventor	Mark Olijnyk														
Examiner Name	(To Be Assigned)														
Group / Art Unit	(To Be Assigned)														
Attorney Docket No.	BRI-00065														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 20%;">(\$)</td> <td>130</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$)	130											
TOTAL AMOUNT OF PAYMENT	(\$)	130													

<b>METHOD OF PAYMENT (check one)</b>					<b>FEE CALCULATION (continued)</b>																																																																																																																																																					
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 501612</p> <p>Deposit Account Name: Warn, Burgess &amp; Hoffmann, P.C.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>					<p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>130.00</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid</p>					Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65	130.00	127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	400	216	200		117	920	217	460		118	1,440	218	720		128	1,960	228	980		119	320	219	160		120	320	220	160		121	280	221	140		138	1,510	138	1,510		140	110	240	55		141	1,280	241	640		142	1,280	242	640		143	460	243	230		144	620	244	310		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	740	246	370		149	740	249	370		179	740	279	370		169	900	169	900	
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																						
105	130	205	65	130.00																																																																																																																																																						
127	50	227	25																																																																																																																																																							
139	130	139	130																																																																																																																																																							
147	2,520	147	2,520																																																																																																																																																							
112	920*	112	920*																																																																																																																																																							
113	1,840*	113	1,840*																																																																																																																																																							
115	110	215	55																																																																																																																																																							
116	400	216	200																																																																																																																																																							
117	920	217	460																																																																																																																																																							
118	1,440	218	720																																																																																																																																																							
128	1,960	228	980																																																																																																																																																							
119	320	219	160																																																																																																																																																							
120	320	220	160																																																																																																																																																							
121	280	221	140																																																																																																																																																							
138	1,510	138	1,510																																																																																																																																																							
140	110	240	55																																																																																																																																																							
141	1,280	241	640																																																																																																																																																							
142	1,280	242	640																																																																																																																																																							
143	460	243	230																																																																																																																																																							
144	620	244	310																																																																																																																																																							
122	130	122	130																																																																																																																																																							
123	50	123	50																																																																																																																																																							
126	180	126	180																																																																																																																																																							
581	40	581	40																																																																																																																																																							
146	740	246	370																																																																																																																																																							
149	740	249	370																																																																																																																																																							
179	740	279	370																																																																																																																																																							
169	900	169	900																																																																																																																																																							
<p><b>FEE CALCULATION</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b> 0</td></tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>** = 0</td> <td>X</td> <td>= 0</td> </tr> <tr> <td>Multiple Dependent</td> <td>** = 0</td> <td>X</td> <td>= 0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>(\$)</b> 0</td></tr> </tbody> </table>					Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					<b>(\$)</b> 0	Total Claims	Extra Claims	Fee from below	Fee Paid	Independent Claims	** = 0	X	= 0	Multiple Dependent	** = 0	X	= 0	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					<b>(\$)</b> 0	<p><b>SUBTOTAL (3)</b> (\$)</p> <p>130</p>																																																					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																					
101	740	201	370	Utility filing fee																																																																																																																																																						
106	330	206	165	Design filing fee																																																																																																																																																						
107	510	207	255	Plant filing fee																																																																																																																																																						
108	740	208	370	Reissue filing fee																																																																																																																																																						
114	160	214	80	Provisional filing fee																																																																																																																																																						
<b>SUBTOTAL (1)</b>					<b>(\$)</b> 0																																																																																																																																																					
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																																																							
Independent Claims	** = 0	X	= 0																																																																																																																																																							
Multiple Dependent	** = 0	X	= 0																																																																																																																																																							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																					
103	18	203	9	Claims in excess of 20																																																																																																																																																						
102	84	202	42	Independent claims in excess of 3																																																																																																																																																						
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																						
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																						
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																						
<b>SUBTOTAL (2)</b>					<b>(\$)</b> 0																																																																																																																																																					

07/19/2002  
01 FC:154

LANDGRA 00000060 10088935  
SUBTOTAL (2) (\$)

<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Name (Print/Type)	John A. Miller	Registration No. Attorney/Agent	34985	Telephone	(248) 364-4300
Signature				Date	July 8, 2002

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.